	Substitute for Form PTO-875										Application or Docket Number 10648346			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHE SMAL	ER THAN L ENTIT	
	FOI	₹	NUMBER FILED			NUMBER EXTRA		7	RATE	655			T	
	BASIC FEE (37 CFR 1.16)	91)				-		7	TOTE	FEE	$\dashv$	RATE	FE	
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-	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+ \$=		OR	+ s =		
7		nan zero, enter "0" in column 2.			n 2.		TOTAL		OR	TOTAL				
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CCPI	(Caluma 4)											OTHE	R THAN	
			olumn 1) CLAIMS	<del>'''</del>	<del>'</del>	Olumn 2)	(Column 3)	7 f	SMALL	ENTITY	OR		ENTITY	
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2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))										OR			
-						<del></del>		T	S =	$-\ell$	OR [	TOTAL		
	• If the entry i	n column 1	is less than	the entry i	n colun	nn 2, write	"0" in column 3.	Α	DO'L FEE		OR	ADD'L FEE		

<sup>&</sup>quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.